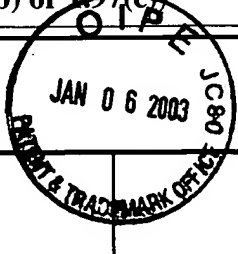
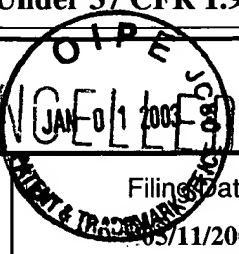


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TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))			Docket No. Y-183	
In Re Application Of: Tomoo Fujioka et al				
Serial No. 09/854,190	Filing Date 05/11/2001	Examiner T.M. Nguyen	Group Art Unit 2828	
Title: CYLINDRICAL STRAIGHT SLAB TYPE GAS LASER				
Address to: Assistant Commissioner for Patents Washington, D.C. 20231				
21/07/2003 LWDNDINI 00000051 09854190 CA FCI 1006 180.00 OP				
37 CFR 1.97(b)				
1. <input type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.				
37 CFR 1.97(c)				
2. <input checked="" type="checkbox"/> The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:				
<input type="checkbox"/> the statement specified in 37 CFR 1.97(e);				
OR				
<input checked="" type="checkbox"/> the fee set forth in 37 CFR 1.17(p).				



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TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT

(Under 37 CFR 1.97(b) or 1.97(c))

Docket No.

Y-183

In Re Application:

Tomoo Fujioka et al

Serial No.

09/854,190

Filing Date

05/11/2001

Examiner

T.M. Nguyen

Group Art Unit

2828

CYLINDRICAL STRAIGHT SLAB TYPE GAS LASER

Payment of Fee

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- ☒ A check in the amount of **\$180.00** is attached.
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